Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (04-08)

Approved for use through 12/31/2008, OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/645062
Filing Date	8/21/2003
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	CIT1 PAU 16

Fo: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
Please withdraw me as attorney or agent for the above identified patent application, and						
all the practitioners of record;						
the practitioners (with registration numbers) of record listed on the attached paper(s); or						
the practitioners of record associated with Customer Number:						
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.						
The reason(s) for this request are those described in 37 CFR:						
10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)						
10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)						
10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)						
10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:						
Certifications						
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.						
1.  I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.						
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.						
3.    I/We have notified the client of any responses that may be due and the time frame within which the client must respond.						
Please provide an explanation, if necessary:						

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## REQUEST FOR WITHDRAWAL **AS ATTORNEY OR AGENT** AND CHANGE OF CORRESPONDENCE ADDRESS Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71. Change the correspondence address and direct all future correspondence to: The address of the inventor or assignee associated with Customer Number: AUG 2 9 2008 Inventor or Assignee name State Zip Country Email

Zip 92612

Registration No. 33469

Telephone No. 949-223-9610

Country USA

OR

В.

City

Address

Telephone

Signature

City Irvine

Name

Date

/jca/

8/26/08

Joseph C. Andras

Address 19900 MacArthur Blvd., Suite 1150

[Page 2 of 2]

I am authorized to sign on behalf of myself and all withdrawing practitioners.

State CA

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	ventor or ssignee name				A SEE	
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Telephone			Email			
I am auth	orized to sign on	behalf of myself and a	Il withdrawing pra	ctitioners.		
Signature	Signature /David L. Henty/					
Name	David L. Henty			Registration No. 31323		
Address	19900 MacArthui	r Blvd., Suite 1150				
City Irvine State CA		Zip 926	512	Country USA		
Date	8/26/08 Telepho			none No. 949-223-9610		
NOTE: With	drawal is effective w	hen approved rather than	when received			

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Change th	e correspondence	address and direct a	II future correspondence	e to:	OIPE	
OR		ventor or assignee as	ssociated with Custome	r Number:	( AUG 2 9 2008 E)	
	Inventor or \d					
Address					ADEMA	
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I am auth	orized to sign on	behalf of myself ar	nd all withdrawing pra	ctitioners		
Signature	Nic Lin/					
Name	Vic Y. Lin	Vic Y. Lin Registration No. 43			ation No. 43754	
Address	19900 MacArthu	ur Blvd., Suite 1150				
City Irvine State CA		Zip 926	512	Country USA		
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Change th	e correspondence a	address and direct all future co	orrespondenc	e to:	OIPE	
A. Th	e address of the inv	ventor or assignee associated	with Custom	er Number:		
OR	<del></del>				AUG 2 9 2008 E	
	B. Inventor or Assignee name					
Address					MPSWKI.	
City		State	Zip		Country	
Telephone			Email			
I am auth	orized to sign on t	behalf of myself and all with	ndrawing pr	actitioners.		
Signature	/rlm/					
Name	Richard Myers			Registration No. 26490		
Address	19900 MacArthur	Blvd., Suite 1150				
City Irvine State CA		Zip 92	612	Country USA		
Date	8/26/08	6/08 Telephone No. 949-223-9610				
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